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Medi-Cal Eligibility Branch Information Letter No.: I 04-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS

SUBJECT: MEDI-CAL MANAGED CARE – HEALTH CARE OPTIONS
ENROLLMENT PACKETS TO BENEFICIARIES IN VOLUNTARY
AID CODES

The purpose of this letter is to inform counties that beginning June 1, 2004, the Department of Health Services (DHS), Health Care Options (HCO), began mailing health plan enrollment packets to beneficiaries eligible for Medi-Cal in the voluntary aid codes.

The Balanced Budget Act of 1997 (as implemented by 42 CFR, Parts 400 et al.) requires State Medicaid programs that include managed care components to notify all new potential eligibles in voluntary aid codes that they have the option to enroll in managed care plans. DHS has identified this population and will provide education and enrollment assistance in the manner currently provided to mandatory eligibles. These beneficiaries will receive materials that have been specifically designed to inform them of their health care options. The current process of informing and enrolling mandatory beneficiaries into managed care plans will continue.

Effective June 1, 2004, the threshold languages into which informing packets are translated will change to reflect the current Medi-Cal Managed Care threshold languages list. These packets will be available in four new threshold languages. One of the threshold languages, Lao, will no longer be available. The threshold language list consists of English, Spanish, Armenian, Russian, Tagalog, Korean, Arabic, Chinese—Mandarin and Cantonese dialects, Farsi, Hmong, and Cambodian. Direct beneficiary assistance from the enrollment contractor Call Center Representatives and Enrollment Service Representatives will also be available in these languages.

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Counties may obtain copies of the new managed care informing materials by contacting their respective county contract manager in DHS' Medi-Cal Managed Care Division. If a beneficiary has any questions regarding HCO enrollment, the county shall direct the beneficiary to contact HCO at (800) 430-4263.

Original signed by

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Medi-Cal Eligibility Branch